

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91191 044 ***150.00

DOCUMENT # V35755

1. Entity Name

GLOBAL CHARTER SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12 S.E. 1ST AVENUE

3. Mailing Address

12 S.E. 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FLORIDA

City & State

DELRAY BEACH, FLORIDA

4. FEI Number

65-0331843

Applied For

Not Applicable

Zip

33444

Country

USA

Zip

33444

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DREW M. LEVITT

Street Address (P.O. Box Number is Not Acceptable)

855 S. FEDERAL HWY SUITE 212

City

BOCA RATON

FL

Zip Code

33432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**VAN ARNEM, KENNETH M.
3314 LOWSON BLVD.
DELRAY BEACH, FL 33445**

P

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**ALLEN, BETTY E.
12 S.E. 1ST AVENUE
DELRAY BEACH, FL 33444**

ST

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**VAN ARNEM, HL, IV
155 SPRING STREET, 3RD FL
NEW YORK, NY 10012**

D

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**VAN ARNEM, KENNETH, M.
3314 LOWSON BLVD.
DELRAY BEACH, FL 33445**

D

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**BETTY E. ALLEN
12 S.E. 1ST AVENUE
DELRAY BEACH, FL 33444**

D

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty E. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03 561-272-2912